

**Attachment - 4****510(k) Summary of Safety and Effectiveness****General Provisions**

Trade Names: Vista Brite Tip<sup>®</sup> and Envoy<sup>®</sup> Guiding Catheters

Common/Classification Name: Percutaneous Catheter

**Name of Predicate Devices**

- Vista Brite Tip<sup>®</sup> and Envoy<sup>®</sup> Guiding Catheters

**Classification**

Class II

**Performance Standards**

No performance standards have been established under Section 514 of the Food, Drug and Cosmetic Act for Percutaneous Catheters.

**Intended Use and Device Description**

Vista Brite Tip - The guiding catheter is intended for use for intravascular introduction of interventional / diagnostic devices into the coronary or peripheral vascular systems.

Envoy – The Envoy guiding catheter is intended for use in the peripheral, coronary, and neurovasculature for the intravascular introduction of interventional / diagnostic devices.

Device Description:

- 6 French (ID 0.070");
- Single lumen catheter with a reinforced body (tightly wound stainless steel braid wire);
- Catheter body transitions provide a gradual decrease in material stiffness (varying durometers) from the body to the tip; and,
- Polycarbonate hub.

**Biocompatibility**

All materials used in the these devices are biocompatible.

*Continued on next page*

K021593

**Attachment - 4 – 510(k) Summary of Safety and Effectiveness,**  
continued

**Summary of  
Substantial  
Equivalence**

---

The Cordis Vista Brite Tip<sup>®</sup> and Envoy<sup>®</sup> Guiding Catheters are substantially equivalent to the previously cleared Cordis Vista Brite Tip<sup>®</sup> and Envoy<sup>®</sup> Guiding Catheters.

---



**JUN 13 2002**

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Cordis Corporation  
Stephen M. Enos, RN  
Manager, Regulatory Affairs  
14201 N.W. 60<sup>th</sup> Avenue  
Miami Lakes, FL 33014

Re: K021593  
6F (0.070") Vista Brite Tip® and Envoy® Guiding Catheters  
Regulation Number: 21 CFR 870.1250  
Regulation Name: Percutaneous catheter  
Regulatory Class: Class II (two)  
Product Code: 74 DQY  
Dated: May 14, 2002  
Received: May 15, 2002

Dear Mr. Enos:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21


Page 2 – Stephen M. Enos, RN

CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4586. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>

Sincerely yours,

A handwritten signature in black ink, appearing to read "Donna-Bea Tillman".

Donna-Bea Tillman, Ph.D.  
Acting Director  
Division of Cardiovascular and  
Respiratory Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

L 021593

## Attachment - 2

### Indications for Use Statement

**510(k) Number**  
(if known)

The 510(k) number has not yet been assigned.

**Device Name**

6F (0.070") Vista Brite Tip® and Envoy® Guiding Catheters


**Indications for Use**

Vista Brite Tip - The guiding catheter is intended for use for intravascular introduction of interventional / diagnostic devices into the coronary or peripheral vascular systems.

Envoy – The Envoy guiding catheter is intended for use in the peripheral, coronary, and neurovasculature for the intravascular introduction of interventional / diagnostic devices.

PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED

Concurrence of CDRH, Office of Device Evaluation (ODE)

  
Division of Cardiovascular & Respiratory Devices  
510(k) Number L 021593

Prescription Use ☒  
(Per 21 CFR 801.109)

OR

Over-The-Counter Use ☐